



A.S.M.E. B31 Piping Checklist

Date: INITIAL ☐ REINSPECTION ☐ JOB #:

Installing Contractor:

Address:

Contact Name: Phone:

E-mail Address:

Site/Owner:

Location:

Contact Name: Phone:

E-mail Address:

Refrig-R# Design MAWP: @ °F MDMT °F @ PSI

HP-Steam - Design MAWP: : @ °F MDMT °F @ PSI

Shop Fabrication ☐ Field Fabrication ☐ Both ☐

WPS #: PQR #:

WELDER(S)	SYMBOL	DATE	CONT.

MATERIALS:

- 1) All fabrication completed in the State of Wisconsin? ☐ Yes ☐ No
- 2) Required entries SBD 5204 form completed? ☐ Yes ☐ No
- 3) Party responsible for the project design on the SBD 5204 form? ☐ Yes ☐ No
- 4) That individual qualified to accept this responsibility? ☐ Yes ☐ No
- 5) Is the system or components designed for low temperature service? ☐ Yes ☐ No ☐ N/A
If yes has Impact testing of welds been addressed? ☐ Yes ☐ No ☐ N/A
- 6) Is piping and related valves and fittings acceptable material for design conditions? ☐ Yes ☐ No
- 7) Is installer familiar with the Code requirements for testing of the piping system? ☐ Yes ☐ No
- 8) Qualified Visual Inspector(s) and written procedure? ☐ Yes ☐ No